

CPHIMS zu bestehen mit allseitigen Garantien



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Sie können im Internet teilweise die Fragenkataloge zur HIMSS CPHIMS Zertifizierungsprüfung von DeutschPrüfung kostenlos herunterladen. Dann würden Sie sich ganz gelassen auf Ihre Prüfung vorbereiten. Wählen Sie die zielgerichteten Schulungsunterlagen, können Sie ganz leicht die HIMSS CPHIMS Zertifizierungsprüfung bestehen.

HIMSS CPHIMS Exam Syllabus Topics:

Section	Weight	Objectives
Topic 1: Management and Leadership	25%	- Workforce planning and development - Organizational behavior and leadership - Financial management - Strategic planning and governance
Topic 2: Healthcare Information and Systems Management	30%	- Data management and analytics - Operations and service management - Project and change management - Security, privacy and risk management - Systems development lifecycle
Topic 3: Healthcare and Technology Environments	25%	- Healthcare delivery systems - Regulatory and compliance requirements - Technology standards and frameworks - Health data characteristics and exchange
Topic 4: Clinical Informatics	20%	- Electronic health records and applications - Clinical decision support - Patient safety and quality improvement - Clinical workflow and process analysis

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HIMSS CPHIMS Prüfung Übungen und Antworten

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HIMSS Certified Professional in Healthcare Information and Management Systems CPHIMS Prüfungsfragen mit Lösungen (Q52-Q57):

52. Frage

Which is NOT a type of waste, according to Lean experts?

- A. Transportation.
- B. Waiting.
- C. Inventory.
- **D. Planning.**

Antwort: D

Begründung:

In Lean management, "waste" (often called muda) refers to activities that consume resources but do not add value from the customer's perspective-within healthcare, that "customer" is commonly the patient and the care team relying on timely, safe services. Classic Lean frameworks identify specific categories of waste, commonly remembered as TIMWOODS : Transportation, Inventory, Motion, Waiting, Overproduction, Overprocessing, Defects, and Skills (unused talent) . In that list, Waiting , Inventory , and Transportation are all explicitly recognized waste types because they create delays, tie up capital and space, and add risk without improving care. For example, waiting can increase length of stay and frustrate patients; excess inventory can lead to expired supplies; and unnecessary transportation can raise labor cost and increase the chance of loss or error.

Planning , however, is not categorized as a Lean waste type. In fact, effective planning-especially when aligned with standardized work, clear value-stream goals, and stakeholder communication-supports Lean by preventing rework, reducing variation, and improving flow. While "over-planning" could be viewed as overprocessing in some contexts, planning itself is not one of the defined Lean waste categories. Therefore, the correct choice for what is not a Lean waste type is Planning .

53. Frage

Which of the following is MOST useful in supporting analysis of existing business and clinical processes?

- A. Mind mapping
- B. Brainstorming
- C. Affinity chart.
- **D. Flow diagram**

Antwort: D

Begründung:

A flow diagram (flowchart) is the most useful tool for analyzing existing business and clinical processes because it visually maps the sequence of steps, decision points, handoffs, inputs, and outputs within a workflow. In healthcare environments, processes often involve multiple roles (physicians, nurses, pharmacists, registration staff, IT systems) and cross-departmental interactions. A flow diagram makes these interactions explicit, allowing stakeholders to identify inefficiencies, bottlenecks, duplicate steps, workarounds, delays, and potential safety risks.

When implementing or optimizing health information systems-such as EHR upgrades, medication workflows, discharge processes, or revenue cycle improvements-understanding the "current state" is critical.

Flow diagrams support root cause analysis by clarifying where errors occur and how information moves through the system. They also provide a foundation for designing a "future state" process that is safer, more efficient, and better aligned with technology capabilities.

By contrast, brainstorming generates ideas but does not structure workflow analysis. Mind mapping organizes related concepts but does not show sequential process flow. An affinity chart groups related ideas or issues but does not depict operational steps.

Therefore, the flow diagram is the most effective method for analyzing existing business and clinical processes.

54. Frage

Which is an example of scope creep in an EHR implementation?

- A. The respiratory therapists require additional training.
- B. The IT team has found that additional servers are required for the system to operate.
- C. The pharmacy system fails to print medication labels when ordered from the Operating Room.
- **D. The hospital administration requests that additional facilities be included in the system.**

Antwort: D

Begründung:

Scope creep is the uncontrolled expansion of a project's scope after the scope baseline has been approved- typically through adding new requirements, sites, departments, features, or deliverables without corresponding adjustments to time, budget, resources, and formal change control. In an EHR implementation, the original scope usually defines which entities (hospitals, clinics, departments), which modules (CPOE, eMAR, results review), and which interfaces or conversions will be delivered by a target go-live date.

Option A is a classic example of scope creep because adding additional facilities expands the project boundaries and increases complexity (build, training, workflow alignment, data conversion, integration testing, support staffing, and cutover planning). If this addition is requested midstream and not handled through a structured governance and change management process, it can derail timelines, increase costs, and introduce risk to patient care operations at go-live.

By contrast, option B is a technical capacity discovery (resource planning), option C is a training/readiness need, and option D is a defect or integration issue that must be fixed to meet existing requirements- none of which inherently expands scope. Therefore, A is the best example of scope creep.

55. Frage

Which of the following is a standard for clinical healthcare terminology for electronic health records (EHR)?

- **A. SNOMED.**
- B. DICOM.
- C. SSAE 16.
- D. HL7.

Antwort: A

Begründung:

SNOMED (commonly implemented as SNOMED CT) is a widely adopted standard clinical terminology used in EHRs to represent patient problems, diagnoses, findings, procedures, organisms, substances, and other clinical concepts in a consistent, computable way. In clinical informatics, terminology standards are essential because they allow clinicians to document care using structured concepts that support clinical decision support, quality measurement, analytics, population health reporting, and interoperability. When different clinicians or organizations use the same standardized clinical terms, the meaning is preserved and can be accurately interpreted by receiving systems, reducing ambiguity that often occurs with free-text documentation.

The other options are not clinical terminology standards. SSAE 16 relates to service organization controls reporting (an assurance/audit framework). DICOM is a standard for medical imaging data and related information exchange.

56. Frage

Which of the following is the INITIAL step to achieve successful implementation of a new system?

- A. Conduct site visits at successful implementations.
- B. Allocate budget and staff for the new system.
- C. Evaluate the technical environment.
- **D. Identify common goals and expectations.**

Antwort: D

Begründung:

The initial step in a successful system implementation is to identify common goals and expectations because this establishes the shared purpose, scope, and outcomes that will guide every later decision. Before an organization evaluates infrastructure, visits peer sites, or commits resources, leadership and key stakeholders must agree on what problem the new system is solving, what success looks like (clinical, operational, financial, compliance), who the primary users are, and what constraints exist (time, risk tolerance, regulatory requirements, workflow priorities). This early alignment reduces downstream conflict, prevents scope creep, and ensures that technical and budgeting choices are tied to business and clinical objectives rather than vendor features.

Only after goals and expectations are clarified does it make sense to evaluate the technical environment (to confirm readiness and integration needs), conduct site visits (to validate workflows and lessons learned against the organization's own objectives), and allocate budget and staff (to resource a plan that is clearly defined). In health IT management, starting with shared goals is a foundational governance practice because it supports stakeholder buy-in, defines measurable outcomes for adoption and value, and creates a clear basis for change management, training, and post-go-live optimization.

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